4. 7. Patient and Pagemers Officer U.S. DEFARTULISTON CONTRIBUT

Ung	er the Paperwor	k Reduction Act of	1955, no n	ersons are requir	ed to rescond	to a	econtrol fot	rmation unles	is it dispta	ys a vale (Milli) or Decimi tica	e tráchspaceer.
	PATE	ENT APPLIC		e for Form PTC		- N 1	RECORD		1.0[537,0	102
CLAIMS AS FILED PART I (Column 1; (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMEE	ER FILED 1 1 NOMBER EXTRA				RATE	FEE		RATE	FEE
EASIC (37 CF	FEE R 1,16(a))							S	OR		S
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20	= -			λ \$, =		OR	x s =	
	PENDENT CLAIN FR 1.16(5))	is	murus 3	= .			λ8=		OR	x S =	
MULT	IPLE DEPENDE	NT CLAIM PRESENT	LAIM PRESENT 137 CFR 1.18cc.				+ 5 =		OR	+ \$ =	
If the difference in column 1 is less than zero, enter 101 in column 2.							TOTAL		OR	TOTAL	
									-		•
4	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL E	ENTITY	OR	OTHER SMALL I	
ENDMENT A	t	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (at CFR 1166)	14	Munus .	192	-0		25.00		OR	50.00	
	Independent	. 3	Minus	16	-0		100,00		OR	300.00	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (AT CER 1.18.0)						F\$ =		OR"	(+ <u>s</u> =	
						Y	FOTAL ADD : FEE	7	CR	TOTAL ADD LIFEE	
							-50116	L	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AT B		(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTR4		RATE	ADDI- TIONAL FEE		· RATE	ADDI- TIONAL FEE
ENDMENT	Tota: १८ ८६२ १५५६	- AMENDMENT	17 rus		=	1	A. S =		OR	-x s =	
QN.	Indecendant	•	Vinus	***	=	1	X \$ =		OR,	x \$=	
AMI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (AT CFF 116).						+5 =	•	OR:	 (+ s =	
1						J	TOTAL ADDIFEE		OR	TOTAL	
İ	•	(Column 1)		(Column 2.	Calumn 3,		·				
AMENDMENT C		CLAMAS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREMOUSLY PAID FOR	PRESENT ENTRA		R≙TE	ADDI- TIONAL FEE		RATE -	ADDI- TIONAL FEE
	Total er ces i total		Minus	••	=		> \$ =		OR,	X S=	· ·
	Independent (-7 CFR 11 (46))		775.38		=	1	λ \$=		OR,	- X S=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT QUAIM 1957 OFF 1175/6						÷		OR	+ 5 =	
$\vdash \vdash$							TOTAL ADD L FEE		OR	TOTAL ADD L FEE	
	" if the "Highest " If the "Highest The "Highest N	column 1 is less tha Number Previously Number Previously lumber Previously	y Paid For [*] : Paid For [*] Paid For [*] (IN THIS SPACE IN THIS SPACE Total or Independ	, is less than 20 lik less than 3, cent; is the nict), en ente nest	ter 120° in 13°, number found is	the appropri	: ate box in	column 1. ublic which is to t	lie (and by the

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file land by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the dome eter activation that USETO. This will large depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestors for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Tracemark Office, U.S. Decartment of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, VA 22313-1450.